

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. 10165532  
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1			
2		1		1		
3	2		2			
4	1		1			
5		1		1		
6	1		1			
7		1		1		
8	9		1			
9	0		1			
10	1		1			
11	1		6			
12						
13						
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45						
46						
47						
48						
49						
50						
TOTAL IND.	2		2			
TOTAL DEP.	11	11	12	12		
TOTAL CLAIMS	13	13	13	13		

CLAIMS	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						